

THE WAR.

MILITARY CONVALESCENT HOSPITALS.

We are indebted to Major George Lane, R.A.M.C., S.R., for the following extracts from an article on the organization and general working of convalescent camp hospitals:

In July, 1916, I was appointed Commandant of the convalescent camp hospitals at —. I soon arrived at the conclusion that thorough drainage would make the site all that could be desired even in the wettest seasons. The whole system of drainage, road-making, bridging, and levelling of this camp (of over 5,000) was done by the convalescents themselves, under the direction of myself and my officers. The work took nearly twelve months to complete.

Site.

The site of a convalescent camp should be naturally well drained, or admitting, without great labour, of an easy drainage system. It should also be fairly sheltered. For troops recovering from wounds and debilitating illnesses a dry camp is essential. In laying out the camp the possibility of expansion up to six or even ten thousand should be borne in mind.

The position of the camp with regard to railway facilities is very important, as the means of receiving and evacuating the convalescents, and of transport generally, must be considered. There are evident advantages in selecting a site, otherwise suitable, near a great town. There should be ample ground, if possible, for cultivation. In the hospital I commanded I had a vegetable garden for each camp, and planted besides some ten acres of potatoes.

Water, Kitchens, and Stores.

The water supply is of great importance, especially abroad. This must be plentiful and of good quality. There ought to be abundant water for baths, hot and cold, at all times. In addition to the sprays there should be a certain number of fixed immersion baths.

In consultation with the engineer officer and the sanitary adviser proper sites should be chosen for the mess tents (or huts), cookhouses, stores, latrines, etc., for each camp or division, the endeavour being to make each camp a self-contained unit and, as far as means admit, self-supporting. The cookhouses would consist of the usual wooden structures, with cement floors, and fitted with large stoves, supplemented by Soyer's stoves outside.

In consultation with the quartermaster special accommodation should be chosen in a central position for all the stores and equipment of the camp. There should be one quartermaster to each camp or division of 1,000.

Cot Hospital.

The cot hospital should consist of three or four special huts with accommodation for 100 cases. This building requires a small dispensary, kitchen, pantry, pack store, and bathroom, and proper means of heating in winter. The personnel is drawn from the R.A.M.C. Cases of slight relapse or minor illness are quite justifiably treated here, but if the patient's illness is obviously serious or likely to be prolonged, he should be sent to a hospital.

Accommodation on a fairly liberal scale is required for the dental department, which should be near the cot hospital. In my camp there were four dentists, with many mechanics and assistants.

Canteens and Messes.

Dry and wet canteens should be provided in a fairly central position. Convalescent officers, if the camp accommodates them, should, I think, mess separately in their own mess. Sergeants' messes should be arranged for.

Staff.

The staff at head quarters will consist of the commandant, two adjutants, paymaster, camp quartermaster, sanitary officer, and a camp sergeant-major, chief clerk, and other clerks drawn from the convalescents.

Each camp should have a somewhat similar staff on a smaller scale. As these are hospitals, the officer in charge of a camp or division should be a medical man with a bent for administrative work. Dealing with convalescents requires technical knowledge not possessed by, nor to be acquired by, combatant officers. For a thousand men an assistant M.O. is desirable, as classifying men into their proper categories requires great care. The officer in charge of each camp should have detailed for duty under him a combatant officer of some experience. Convalescent officers

are usually very glad of interesting light work, which, by the way, is beneficial for them.

In the camps commanded by me all our work was done by convalescents—cooks, nursing orderlies, mess orderlies, and so forth. By this means the men were kept employed and happy, and great economy was effected. As they became fit they were sent off, and their places were filled by succeeding convalescents. But a skeleton permanent staff is essential for the efficient management of a large camp.

Workshops.

My first duty being to get the men fit, I carefully supervised the kitchens and the feeding of the men. Suppers were contrived out of the dinner savings and were greatly appreciated. The food was good and was not spoilt by bad cooks. The men were, by graduated steps, brought to a high state of physical efficiency, and were then passed on. I had a register kept by each medical officer in charge of a camp, wherein was recorded on admission every man's vocation in private life, so that the mistake was not made of putting a carpenter to do a blacksmith's job. Thus the men exercised themselves during convalescence at congenial work of a practical nature and of monetary value. This led me to establish workshops, at first in a small way. Later on, skilled masons and carpenters built, under the supervision of a convalescent engineer officer, a large stone-made workshop containing carpenter's shop, blacksmith's shop, painter's shop, tinsmith's shop, bootmaker and repairer's shop, tent repairer's shop, watchmaker and engraver's shop, tailor's shop, and piano-tuner's room. The materials used by the carpenters and tinsmiths were discarded packing cases and empty paraffin and petrol tins. When completed, the articles were sold at a nominal price. Books were kept showing the materials used and their ultimate disposal. The money received went for the benefit of the funds for the men. Much of the success that attended this venture was due to the help given me by the A.D.O.S., without whose aid I could not have got tools. No men were taught trades.

Each camp had its own barber's saloon, with a tent attached where the men could obtain the services of a skilled chiropodist and masseur. Shortly after my arrival I found difficulty in procuring fresh eggs and chickens, and decided to have my own poultry yard. Later I prevailed on the mess president of the officers' mess to do the same, with good results on strictly business lines.

Recreations.

If the men have plenty of healthy sports and amusements they will regard the camp as their temporary home. The first thing to provide is a good brass band, and if possible a bugle and fife band for route marches. There should be cricket and football clubs, a gymnasium, tennis courts, and, if near the sea coast, boating and swimming clubs. At Christmas in our camp some of the officers and men produced a pantomime, which afforded amusement to thousands of wounded and sick. All the scenery was painted in our workshops, and the costumes, etc., made by our own tailors.

Through the kindness of the British Red Cross Commissioner a motor lorry was available for the use of officers and men proceeding to football matches, etc. The Red Cross had tea and recreation rooms in the camp, and the Commissioner saw that the men were plentifully supplied with games, newspapers, reading and writing materials. The Y.M.C.A. representatives also were very keen in affording the men amusements and in supplying their wants. A cinema show is a great asset to a camp. For the officers I converted an old ordnance hut into a club. It was painted and done up by the men in the shops. I borrowed three full-sized billiard tables, and made the place very comfortable, with seats and card tables.

ARTERIAL CONTRACTILITY IN WOUNDS.

F. KROH and M. KRABBEL¹ have contributed papers on the general pathology of recent gunshot injuries of the circulatory organs. In illustration of the defensive value of the elasticity of the vessel walls a case is mentioned of clean perforation of the femoral artery by a grenade fragment having a diameter two and a half times greater than that of the vessel itself. That severe confusory effects could occur in the absence of any visible macroscopical lesion of the vessel walls was shown by such cases as the following: A bullet wound of the groin was followed by venous haemorrhage and loss of pulsation

¹ *Brunn's Kriegschirurg. Hefte*, 1917, lxx, pp. 61 and 76.

in the femoral artery. The vein was found to be completely severed and the artery spasmodically contracted to the size of a knitting needle. While under observation the artery gradually resumed its normal dimensions, pulsation returned, and the limb became hyperaemic. As an example of thrombosis resulting from the pressure of a haematoma the case is cited of wound of a perforating artery of the thigh followed by extensive extravasation. The great vessels were found to be uninjured, but those portions of the femoral artery and vein which lay within the haematoma were thrombosed. Several examples were mentioned of wounds involving the two outer coats only of the artery, the intima being intact and forming a sacular bulging through the rent. Comment was made on the apparent relative infrequency of injury of the large vessels (apart from those leading to traumatic aneurysm) from bullets and shrapnel as compared with grenade wounds. It was suggested that many cases might escape detection where the wound healed without operation, since the haemorrhage might be insignificant in these cases. In examining a recent bullet wound of the arm in which haemorrhage had been slight, the brachial artery was found to be completely severed, and its wounded extremities were occluded by firm thrombi, which must have formed with extreme rapidity. Other similar cases are mentioned, and Kroh described a case of penetrating shrapnel wound of the right ventricle, where the wound was found to be perfectly occluded by a clot.

CASUALTIES IN THE MEDICAL SERVICES.

ROYAL NAVY.

Prisoner of War.

Surgeon W. A. McKerrow, R.N.

ARMY.

Killed in Action.

MAJOR R. G. GORDON, D.S.O., R.G.A.

Major Reginald Glegg Gordon, D.S.O., R.G.A., killed on March 26th, during the recent retreat, whilst riding at the head of his battery, was born at Valparaiso on September 26th, 1878, the only son of Mr. D. S. R. Gordon. He was educated at the Edinburgh Academy and University, and graduated M.B., Ch.B., in 1903. He was a keen volunteer, footballer, and cricketer, and everything he took up he did thoroughly. After leaving the university he was appointed an assistant medical officer at the Crichton Institution, Dumfries, and later studied insanity in the asylums of Italy, but on the death of his father he gave up the practice of medicine and took to farming. When war broke out he lost no time in joining the colours, and was mentioned in dispatches last year, and received the D.S.O. in January, 1918. His colonel, in a tribute to Major Gordon's qualities as a soldier, writes: "He was a man we all liked and respected. During the trying time of the last few days he carried out his duties in an exemplary manner, with perfect courage, and was a standing example to all others." He leaves a widow and four young daughters.

CAPTAIN P. G. MILNE, R.A.M.C.

Captain Patrick George Milne, R.A.M.C., was reported as killed in action, in the casualty list published on May 10th. He was educated at Aberdeen University, where he graduated M.B. and Ch.B. in 1915, after which he took a temporary commission as lieutenant in the R.A.M.C., and was promoted to captain after a year's service.

CAPTAIN T. WHITELAW, R.A.M.C.(T.F.).

Captain Thomas Whitelaw, R.A.M.C.(T.F.), was reported as killed in action, in the casualty list published on May 13th. He was educated at Glasgow University, where he graduated M.B. and Ch.B. in 1912, and took a commission as lieutenant in the 1st Northern (Newcastle) General Hospital on April 20th, 1915. He was attached to the Duke of Wellington's Regiment when killed.

Died of Wounds.

CAPTAIN J. F. MATHESON, M.C., R.A.M.C.

Captain James Frederick Matheson, M.C., R.A.M.C., was reported as having died of wounds, in the casualty list

published on May 9th. He held a temporary commission in the R.A.M.C., and received the Military Cross on January 1st, 1918.

CAPTAIN J. B. METCALFE, A.A.M.C.

Major J. B. Metcalfe, Australian Army Medical Corps, was reported as having died of wounds, in the casualty list published on May 10th.

CAPTAIN H. G. MASSY-MILES, R.A.M.C.

Captain H. G. Massy-Miles, R.A.M.C. (temporary), who was stated to have died on service, in the *BRITISH MEDICAL JOURNAL* (p. 545), was reported to have died of wounds, in the casualty list published on May 11th.

Died on Service.

MAJOR J. W. LITTLE, I.M.S.

Major John Wishart Little, I.M.S., died at Karachi on May 7th, aged 41. He was born on March 27th, 1877, the youngest son of the late Dr. Robert Little of Singapore, and was educated at St. Thomas's Hospital, taking the diplomas of M.R.C.S. and L.R.C.P.Lond. in 1900, and graduating M.B.Lond., with honours in forensic medicine, the same year. Entering the I.M.S. as lieutenant on June 27th, 1901, he became captain on June 27th, 1904, and major on December 27th, 1912. He served on the North-West Frontier of India in the Waziristan campaign of 1901-2 (medal with clasp); and in East Africa, in Somaliland, in 1903-4 (medal with clasp). Before the war he was agency surgeon at Gilgit.

CAPTAIN McQUIBAN, R.A.M.C.

Captain William McQuiban, R.A.M.C., died on service in Egypt on May 2nd. He was educated at Aberdeen University, where he graduated M.B. and Ch.B. in 1901. He was in practice at Lordship Park, Stoke Newington, till he took a temporary commission in the R.A.M.C.

Wounded.

Colonel J. W. H. Houghton, D.S.O., A.M.S.

Lieut.-Colonel W. R. Gardner, D.S.O., R.A.M.C.(T.F.).

Lieut.-Colonel J. la F. Lauder, D.S.O., M.C., R.A.M.C. (temporary).

Lieut.-Colonel C. A. Stidston, D.S.O., R.A.M.C.(T.F.).

Major W. McM. Chesney, M.C., R.A.M.C.(S.R.).

Major L. S. C. Roche, M.C., R.A.M.C. (temporary).

Captain D. W. Anderson, R.A.M.C. (temporary).

Captain G. F. Carr, R.A.M.C.(T.F.).

Captain A. Fordyce, R.A.M.C.(T.F.).

Captain S. G. Gibson, M.C., Australian A.M.C.

Captain H. M. Godfrey, R.A.M.C. (temporary).

Captain W. S. Hawthorne, Australian A.M.C.

Captain J. I. Lawson, R.A.M.C.(S.R.).

Captain J. M. Mackay, M.C., R.A.M.C. (temporary).

Captain M. H. Muller, M.C., Australian A.M.C.

Captain R. W. Pearson, R.A.M.C. (temporary).

Captain J. McG. H. Reid, R.A.M.C. (temporary).

Captain A. B. Simes, Canadian A.M.C.

Captain J. M. Smith, R.A.M.C.(T.F.).

Captain J. Stevenson, R.A.M.C.(S.R.).

Captain J. E. G. Thomson, R.A.M.C. (temporary).

Captain T. D. C. Watt, M.C., R.A.M.C. (temporary).

Captain H. E. Williams, R.A.M.C. (temporary).

Captain H. Wilson, R.A.M.C.(T.F.).

Captain and Quartermaster J. T. Starkie, M.C., R.A.M.C.

Lieutenant J. B. Taylor, R.A.M.C. (temporary).

Missing.

Captain S. S. Meighan, M.C., R.A.M.C.(T.F.).

Captain J. F. Nattrass, R.A.M.C.(T.F.).

Captain F. C. Nichols, M.C., R.A.M.C.(T.F.).

Captain S. V. P. Pill, R.A.M.C. (temporary).

Lieutenant D. Robertson, R.A.M.C. (temporary).

Prisoners of War.

Captain D. F. Dobson, R.A.M.C. (temporary).

Captain R. R. Duncan, R.A.M.C. (temporary).

Captain J. G. Elder, R.A.M.C. (temporary).

Captain L. S. H. Glanville, R.A.M.C. (temporary).

Captain D. C. Hanson, M.C., R.A.M.C. (temporary).

Captain H. B. Jones, R.A.M.C. (temporary).

Captain C. E. Redman, R.A.M.C. (temporary).
 Captain F. P. Smith, R.A.M.C. (temporary).
 Captain J. P. Thierens, R.A.M.C. (temporary).
 Captain F. R. Tickle, R.A.M.C. (temporary).
 Lieutenant G. B. Berkley, M.C., R.A.M.C. (temporary).
 Lieutenant F. J. Power, M.C., R.A.M.C. (temporary).

DEATHS OF SONS OF MEDICAL MEN.

McBride, Andrew Best, Captain Bedfordshire Regiment, elder son of Major John Best McBride, R.A.M.C.(T.F.), of Berkhamsted, died of wounds on April 24th, aged 22. He was born on June 16th, 1895, and educated at Berkhamsted School and at King's College Hospital, London, where he had passed the first professional examination in medicine of London University. He got his commission in the Bedfordshire Regiment as lieutenant on September 28th, 1914, and was promoted to captain on June 1st, 1916.

Rice, Edmund Gabriel, Lieutenant R.A.F., killed in a flying accident at Redcar, Yorks, on May 3rd. He was the only son of Dr. C. E. Rice of Coventry, and was just under 19 years of age. He was educated at Wolverhampton Grammar School and at Bedale School. He became a probationary flight officer in the R.N.A.S. in June, 1917, and was sent to the front in France in December, where he was on active service as an aerial scout until the end of March, when he was invalided home after fainting at a height of 18,000 ft., fortunately recovering at a height of 4,000 ft. in time to avert disaster. He was subsequently appointed instructor. The funeral took place at Coventry on May 8th with full military honours.

Ruxton, William Stewart Mitchell, M.C., Lieutenant Border Regiment, only son of Dr. Ruxton of Newcastle-on-Tyne, killed April 12th, aged 20. He was educated at Shrewsbury, where he was a sergeant in the O.T.C., entered Sandhurst in September, 1915, got his commission in January, 1916, went to the front in July, 1916, was wounded in September, returned to the front in January, 1917, got the Military Cross in September, 1917, and became acting captain in January, 1918.

St. Leger, Wm. Brett, M.C., Lieutenant Coldstream Guards, killed in action April 27th, aged 23, elder son of Major R. A. St. Leger, S.A.M.C., of George, South Africa, and grandson of the late Dr. Brett of Watford, Herts. He was educated at the South African College, Cape Town, and was a corporal in the Cape Town Highlanders when war broke out. He served with that regiment in German South-West Africa, and afterwards came to England and joined the O.T.C., eventually obtaining a commission in the Coldstream Guards. He proceeded to France in July, 1916, and was wounded in July, 1917. He was awarded the M.C. for conspicuous gallantry on that and former occasions.

Stone, Noel Herbert, M.C., Captain Worcestershire Regiment, eldest son of Dr. H. S. Stone of Reigate, killed April 27th, aged 22. He got his first commission on December 16th, 1914.

Tate, Alan C. R., Lieutenant Royal Air Force, eldest son of Colonel Alan Tate, C.M.G., A.M.S., of Quetta, killed while flying on patrol on May 2nd. He was educated at Charterhouse and Stonyhurst, and had served for a year as an orderly under the French Rouge Croix before he entered the Royal Flying Corps as a cadet in June, 1917, passed as a pilot early in 1918, and went to the front in March.

Trevor-Jones, John Eric, M.C., Captain Rifle Brigade, second surviving son of Major E. J. Trevor-Cory, R.A.M.C., killed April 22nd. He was born in 1898, educated at Clare College, Cambridge, and got his commission on January 22nd, 1916. He went to France in July, 1916, and got the Military Cross in March, 1917.

Walker, John Binning, Canadian Reserve, only son of the late John Walker of Kingussie, died of pneumonia in No. 14 Canadian General Hospital, Eastbourne, on May 3rd.

Williams, R. M., Captain Royal Welsh Fusiliers, attached to the Royal Flying Corps, son of Dr. Richard Williams, formerly of Liverpool and now of Llandudog Castle, Anglesey, reported missing on August 12th, 1917, was, according to news received through the German Red Cross, killed on that date.

MEDICAL STUDENT.

Kennedy, Alexander, M.C., Captain Royal Scots, third son of Mr. Alexander Kennedy of Barnton, killed April 26th. He had completed his third year as a medical student when, at the beginning of the war, he enlisted in the Royal Scots. He was wounded while a sergeant, got a commission in 1917, and had rapidly risen to captain.

[We shall be indebted to relatives of those who are killed in action or die in the war for information which will enable us to make these notes as complete and accurate as possible.]

HONOURS.

THE following awards in recognition of "conspicuous gallantry and devotion to duty" in the field are announced in a Supplement to the *London Gazette* of May 13th:

Military Cross.

Temporary Captain Henry Drummond Robb, R.A.M.C.

On his camp and its vicinity being heavily shelled he was compelled to conduct his sick parade along roads which were at the time under heavy shell fire. He succeeded in leading his wounded cases safely under cover, and later remained behind to attend to

the men of a neighbouring unit, which had also suffered some casualties as a result of the intense shelling. His courage and devotion to duty were of the highest order.

Temporary Captain Samuel Rutherford, R.A.M.C.

During a period of sixteen hours he tended the wounded in the front trenches without ceasing. Throughout this period he was exposed to heavy shell fire, and for some considerable time the enemy were within a short distance of the aid post. His coolness and presence of mind inspired all ranks with the utmost confidence.

Temporary Quartermaster and Honorary Lieutenant Robert Leslie Masters, R.A.M.C.

When a camp and some billets were heavily shelled by the enemy he at once went to the rescue of some men who had been buried in the ruins of a house, and rendered first aid. He then organised bearer parties from among his men, and brought in four severely wounded men from the camp. By his disregard of danger, quick decision, and good leadership he set a splendid example to his men, and rendered valuable assistance to the wounded in the absence of a medical officer.

In the *London Gazette* of May 11th, 1918, the names of Captain A. J. Evans, R.A.M.C.(T.F.) and temporary Captain A. T. Gibb, R.A.M.C., are added to the list of officers whose services have been brought to notice as deserving of special mention by the late Lieut.-General Sir Stanley Maude, K.C.B., Commander-in-Chief, Mesopotamian Expeditionary Force (*BRITISH MEDICAL JOURNAL*, August 25th, 1917, p. 268).

NOTES.

THE Inter-Allied Congress on the after-care of discharged sailors and soldiers, which is to be opened at the Central Hall, Westminster, on Whit Monday, May 20th, at 11.30 a.m., by the Duke of Connaught, will meet in four sections. The first—on pensions and allowances—will have Sir Arthur Griffith-Boscawen, M.P., Parliamentary Secretary to the Ministry of Pensions, as chairman, and he will open its proceedings by reading a paper on pensions and allowances. He will be followed by speakers on the same subject from France, Italy, and Belgium, and a general discussion will ensue. The second section—on training—to be presided over by Sir Charles Nicholson, Bt., M.P., will hear papers on the subject from representatives of Great Britain, France, United States of America, Italy, Canada, and South Africa, and after they have been debated a discussion on agricultural re-education will be introduced by a series of papers. The third section—concerned with the treatment of men suffering from nervous injuries or disorders, including blindness and deafness—will be presided over by Lord Charnwood. Papers on neurasthenia will be contributed by representatives of Great Britain, Italy, and Australia. A discussion on the care of the tuberculous soldier will be introduced by Major P. H. S. Hartley, C.V.O., R.A.M.C.; on the blind, by Sir Arthur Pearson, G.B.E.; and on the deaf by Dr. Dundas Grant. The fourth section—on surgical treatment—will discuss the treatment of limbless men, orthopaedics, and functional restoration and re-education of the wounded, the speakers including Sir Wm. Macewen, Sir Robert Jones, Majors Turner and Boyer, C.A.M.C., and Major Sandes, S.A.M.C.

Correspondence.

UNIVERSITY REPRESENTATION IN PARLIAMENT.

SIR,—I am not concerning myself with the political views of either Sir M. Abbot Anderson or Dr. Rowland Fothergill, but when the former states that all the graduates resident in London whose names and addresses could be found were invited to attend a meeting, I at least have my doubts as to the accuracy of that statement, or, to put it in another way, that any great pains were taken to find them.

Certainly at the present moment I am not actually resident in London, as in more peaceful times, but I am on the Council of the Graduates' Association of my university, and joint-secretary of the Metropolitan Counties Branch of the British Medical Association, and one would think, therefore, that both my name and an address could have been obtained fairly easily—even without reference to such a handy aid as the current edition of the *Medical Directory*—but I never received any invitation to the meeting, or even intimation that such was to take place.

I do not know on what date it was held, but it is probable that I was in England at the time, and if so it is certain that I should have endeavoured to be present—if only to hear what was going on.—I am, etc.,

B.E.F., France, May 10th.

WILFRED KINGDON.